

IPDR6702		NORTH CAROLINA					PAGE: 1	
RUN DATE: 10/23/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/27/2005						
		FINANCIAL PAYER: NCDMM						

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	79	153	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		5404	57	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	40	348	3193	2845
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	185	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	8	1725	3396	1671
		8622	122	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C HATHAM AREA	3312	1796	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	579	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	3190	7236	4046
		8800	388	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8329	2043	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	250	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	2524	5855	3331
		191	122	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	79	81	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	166	1057	891
		10	13	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404925	SANDHILLS CENTE R FOR MH/DD	21	1604	DUPLICATE OF CLAIM-SYSTEM				
		8599	466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	131	3537	16761	13224
		8534	331	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2213	DUPLICATE OF CLAIM-SYSTEM				
		8931	1551	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2583	8142	12083	3941
		8599	1127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	58	476	418
		23	8	SERVICE REQUIRES PRIOR APPROVA L				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	2	DUPLICATE OF CLAIM-SYSTEM	0	5	35	30
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	3404	86	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	71	DUPLICATE OF CLAIM-SYSTEM	31	246	2233	1987
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	120	546	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		11	115	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	817	2469	1652
		143	52	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404934	ONSLow CARTERET BEHAV HEAL	8535	538	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		21	110	DUPLICATE OF CLAIM-SYSTEM	0	746	810	64
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404936	WILSON-GREENE M	8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	ENTAL HEALT							
		21	1	DUPLICATE OF CLAIM-SYSTEM	1	4	436	432
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH	8599	718	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	MNTL HLTH C							
		21	194	DUPLICATE OF CLAIM-SYSTEM	0	942	1126	184
		8518	23	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	IGONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	11	62	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ALTH CENTER							
		8622	27	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	136	856	720
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8599	115	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	AS CENTER							
		120	51	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUMMIT AS A NEW CLAIM	13	181	421	240
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404942	ROANOKE CHOWANN	8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	UMAN SERVIC							
		21	3	DUPLICATE OF CLAIM-SYSTEM	3	31	823	792
		8932	2	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALREMARLE MENTA	8534	1157	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
	L HEALTH CE							
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	61	1319	4789	3470
		537	25	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA	8599	128	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	N SERVICES							
		191	48	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	12	196	731	535
		8935	9	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TMC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404946	FOOTHILLS AREAM	21	42	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8599	7	DETAIL NOT COVERED BY COMBINAT	0	53	106	53
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	21	323	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		11	49	CLIENT NOT ELIGIBLE ON SERVICE	33	494	11271	10777
				DATE				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	21	482	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SA PRO							
		23	86	SERVICE REQUIRES PRIOR APPROVA	0	568	593	25
				L				